Address Grantsville. Md. INTERVAL BETWEEN ONSET AND DEATH vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES T NO M (County) (State) 1959, that I last saw the deceased ____, and that death occurred at 9:00 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Grantsville. Grantsville. Garrett Co. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Grantsville, Md. DATE JUL 16'59 arihun & Thous

Rea. Dist. No.

Months

e. IS RESIDENCE ON A FARM? YES TO NO F

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IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

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	ias been signed by the attending physician and campletely filled in by the funeral director.	ial-transit permit. Then please remaye carban papers. Pages 1 and Thould be filed with	- P
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7968 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

Reg.	Dist	No	1	7	9	5	1
Keg.	DIST.	NO.	4 .	-	v	0	48.

1. PLACE OF DEATH		· · · · · · · · · · · · · · · · · · ·			2 HSHAL DE	IDENCE (M/h.	are decement	lived. If institution	on. Paridon	en hafara	4-1-1-	-1
a COUNTY -	rrett		м	ARYLAND	o. STAJE	yland	a ere deceased	b. COUNTY	arre	tt	Damissio	n)
b. CITY OR TOWN RURAL and give r	(If outside corporate liminearest towal ark,	ts, write	c. LENGTH OF S			Town (If or		ote limits, write R	URAL and g	give neares	t town)	
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street	address)		d. STREET						IS RESID	
3. NAME OF DECEASED (Type or print)	Myrt		Gow	ddle /er	Bittir	nger	4. DATE OF DEATH	July		Day	Ye	59
5. SEX Female	6. COLOR OF RACE	7. MARR			8. DATE OF BIR July 2			P. AGE (In years lost birthdoy) O yrs.	IF UNDER Months		UNDER lours	24 HRS. Min.
House Wi	ION (Give kind of work rking life, even if retired	done 10b.	wn Home			place (Stote of		untry)		S.A.		OUNTRY
13. FATHER'S NAME					14. MOTHER	'S MAIDEN N	AME					
Jacob H	enry Gowe:	r			Juli	la Anr	Lowe	er				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17.	INFORMANT			Add	ress			
NO no or unknown)	(If yes, give war or dates of s	Brvice)	-	R	ay E. I	Bittir	nger	Mt. La	ke P	ark,	Md	
Conditions, if of gove rise to couse (o), stoting lying couse lost. PART II. OT 200. ACCIDENT WO OR CONTRIBUTION (IF EITHER, NOTIF)	the under-	a	Mals Merte	D DEATH BU	Peroc T NOT RELATED T	O THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PART	V	OR WAS AL PERFORI	MED?
	AS UNDERLYING GO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	RY OCCURR	ED. (Enter noture	of injury in P	art I or Part	II of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	10	While	NJURY OCCURRED Not while t of work	20e. P	LACE OF INJURY actory, street, offi	(Home, form, ce bldg., etc.	20f. (City (or town)	(0	County)		(State)
actual SIGNATURE	hat I attended the 11/59 Endrew Andrew E.	12	Man	a	_M.D	2:304	Lause	the causes of th		last saw ne date	stated	eceased abave signer
220. BURIAL, CREMATIC REMOVAL (Specify Byrig 1	ON, 226. DATE THEREC		Oaklan		or crematory metery		Oakl	on (City, town, and, Mo			(Stote)	
23 FUNERAL DIRECTOR	R'S SIGNATURE LE	u	ADDRESS	akla	nd, Md		2 2 '59		STRAR'S SIC			

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the funeral director, hould be filed with

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TO FUNERAL

VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 7969

07952 Reg. Dist. No.

o. C0		rrett		MARYL		o. STATE	NCE (Where deced	used lived. If institut b. COUNTY			admission)	
b. CI	JRAL and give ne		ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOV	WN (If outside co	rporate limits, write I	RURAL and g	ive neares	it town)	
0	R INSTITUTION	and AL (If not in hospital, g ounty Memor				d. STREET ADD	rellin RESS				IS RESIDENCE ON A FARM? 'ES \ NO \	
	ME OF EASED e or print)	Fin Fran		Middle		Lost Polvard	4. DAT		nth	Day	Year 19 50	
S. SEX	ale	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIES		B. DATE OF BIRTH Oct. 12.	1877	9. AGE (In years last birthday)	Months		UNDER 24 H	RS.
dut	UAL OCCUPATION TO WORK TARMER)	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE	E (Stote or foreign	n country)		ZEN OF	WHAT COUN	TRY
13. 17.1		M. Bolyard					ah Hersh	m 6 30				
1S. WAS	S DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	1	NFORMANT ora Bolvar		Add	dress Crelli	n c	3.	
co lyi	onditions, if an over rise to it use (o), stoting ing couse lost.	the under-	B	PALLOS CONTRIBUTING TO DEA		Unscula.	A PA	ASS CONDITION OF	VEN IN BARY	2.	+ L-	
CERTIFICATION SOS	. ACCIDENT WA	S UNDERLYING []	WIL						YEIN III JAN		PERFORMED? ES NO	
	EITHER, NOTIFY	MEDICAL EXAMINER) Y Month, Day, Ye	While		POe. PL/ foc	ACE OF INJURY (Hon clory, street, affice bl	ne, farm, 20f. (C	City or town)	(C	ounty)	(Stat	te)
ACT SIG	I certify the ve an	-)		ed from /95 29, and that of	death		OO AM, fr ADDRESS		and an th	e date		ave
Bui	MOVAL (Specify)	7/6/195		22c. NAME OF CEMEN		Cemetery	near	Fellow:				
23) FUN	ERAL DIRECTOR'S	S SIGNATURE		ADDRESS Oak	lan	a. Ma.	ATE JUL 6	'59 24b. REG	Istrar's sig		c.A.	

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FOR ST	ATE			7070	DICAL	EXAMINER	5 CEKIII	TICATE	· OF	DEATH	Reg. Dist. N	o. 11	7953
HEALTH I	DEPT.	1.	LACE OF DEATH				2. USUAL RES	IDENCE (Whe	ore decease	ed lived. If institu	tion: Residence b	efare adm	ission)
Page es. salth,	Kill	1	Ga.	rrett		MARYLAN	O. STATE	Marvl	and	b. COUNT	Gatre	tt	
Page Files. Health,	180	V E	ond give negres! town!	outside corporate limits, write	RURAL	LENGTH OF STAY IN 1	c. CITY OR	TOWN (If ou	Iside cafp	orote-limits, write	RURAL and give	nearest to	wn)
ssary schar your	X	R	t.40.Lon	g Stretch	,F'be		X	Avilt	on				
ral dire	X		I. NAME OF HOSPITA	L OR INSTITUTION (IF	nat in hospite	al, give street address)	d. STREET	ADDRESS				ON	A FARM?
fune fune state feat		3.	NAME OF DECEASED	P First	1	Middle	los		DATE	Month	Doy	· \	(eor
P P P			(Type or print)	DONN!			12012 da		DEATH	7	13		9 55
of the s		5. 3	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	The second second			9. AGE (In years foot birthday)	Months Doys	Hours	ER 24 HRS.
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2. or		100	. USUAL OCCUPATIO luring most of working	N (Give kind of work d g life, even if retired)	one 10b. KIN	D OF BUSINESS OR INDI		ACE (Stote or		ountry)	12. CITIZEN		COUNTRY?
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M3.	-1	13.	FATHER'S NAME				14. MOTHER'S						
e P	1)	15.		oadwater	CES? IN SO	CIAL SECURITY NO. 17		a Crov	ve	Address			
19 5 E			, no, er unknown)	(If yes, give war or dates of s			Roy Bros	dure to	277		ма		
in a trip		-	18 CAUSE OF DEAT	H [Enter only one caus	e per line for		noy broa	auwau	1 9 1	HATTOOII		EPVAL BETW	DEN
ang bed			PART 1. DEATI	H WAS CAUSED BY:	and the same of th	chunza	SICI	JLL				SEI AND DE	1 /
an In			812 X	DUE TO									
Office of the original of the	V		Conditions, if on		Bro	1420 /	Vecic				ALTO S	11	
in per in per iner's a burio			gave rise to immed (a), stating the u cause last.		777	U14 P/2	Co	who s	1010	د			
ending of Exam sed as ematia	0	ATION	PART II. OTH	ER SIGNIFICANT COND	DITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINA	AL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS PERFO	AUTOPSY DRMED?
Medical In		CERTIFIC	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	Struck	ow INJURY OCCURRED by automob f Frostburg	pile when	cros	or fort II	of item 18.) road, F	Rt. 40 6	mi.	
hief hauf bur		3	20c. TIME OF INJUR	Y Month, Day, Year		URY OCCURRED 20e. P	LACE OF INJURY (Home, form,	20f. (City	or town)	(County)		(State)
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11	MEDICAL	Hour , m.	713 195	While of work	Idol willing /	t 40 S	free !-	Ru	nor In	st Bung	Goi	na Tra
Page pri			21. I certify th	at I taok charge	of the rei	mains described a	bave, held an	Autopsy	, In	spection .	Inquiry []/ an	d in my
ent.			opinian death	resulted fram: N	latural ca	uses [], Acciden	Suicide	e 🔲, Ho	micide	, Undete	rmined mann	er 🗌	
CTO			1		1	_ X				BALL			
artife of the control			ACTUAL SIGNATURE	er W.	J	reter for	M.D. CHIEF A	AEDICAL EXAM	AINER 🗌			DATE	SIGNED
the did be lid be designed	2		EXAMINER'S NAME (Type)	TH Te	astin	-, 6, n	0	MEDICAL EXA		-	7-	13.	35
shau shau FUNI		220	BURIAL CREMATION	N, 226. DATE THEREO	F 22	c. NAME OF CEMETERY	OR CREMATORY	2	2d. LOCAT	TON (City, lown,	or county)	(Stot	•)
5 4 5 p			REMOVAL (Specify) Burial	7-16-59			emetery		Ga	rrett C	ounty,	Md	•
/S. A15ME	0	23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		240. REC'D I	REGISTI	RAR 24b. REGI	STRAR'S SIGNATU	RE	
5M 2/57	To		Joseph R.	. Durst,	Fros	tburg, Md.		DATEUL T	5 23	Coo.			113.3

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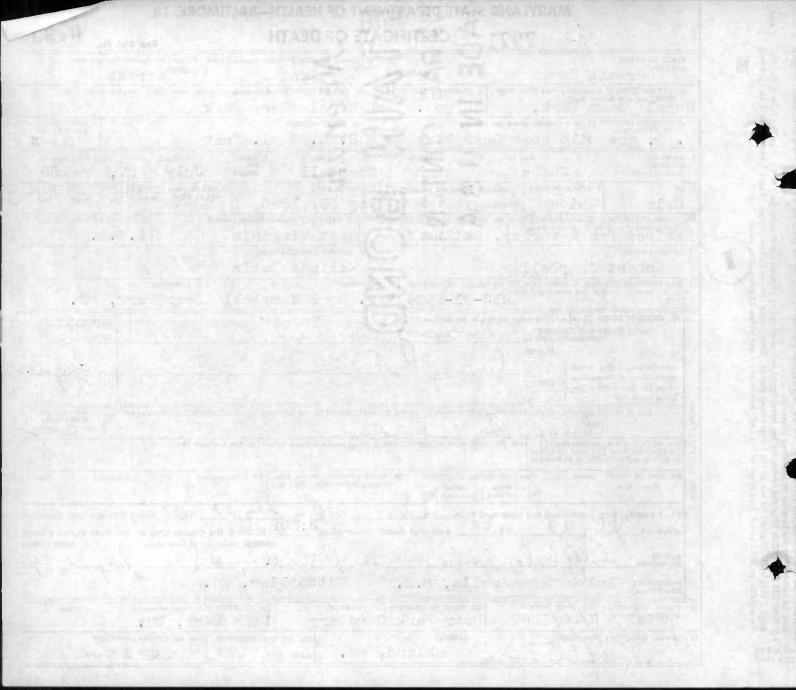
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 7971

Reg. Dist. No.

07954

1. PLACE OF DEATH a. COUNTY Garrett		MARYLAND	2. USUAL RESIDENCE (Where decease Naryland	ed lived. If institution: Residence b. COUNTY	ence befare admission)
b. CITY OR TOWN (If auto RURAL and give nearest Rural Deer	ide corporate limits, write town!	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porate limits, write RURAL and	
d. NAME OF HOSPITAL (III	nat in haspital, give street ile west De		d. STREET ADDRESS R. D. 1 mi. W	Vest	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First James	Middle Hugh	Campbell 4. DATE OF DEATH	Month H July 2	Day Year 1959
	color or RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 30, 1886	9. AGE (In years last buthday) Age yrs.	PR 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Conting Maring most of working to Retired Tra	ive kind of work done 10b. fe, even if retired) CK WORKER,	Railroad	STRY 11. BIRTHPLACE (State or foreign West Virginia		S.A.
13. FATHER'S NAME Robert C	ampbell		Malinda Davis	3	
1S. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes,	give war or dates of service)		NFORMANT S. Dora Campbel	Address 11 Deer Pai	ck, Md.
PART 1. DEATH WIMM Conditions, if any, a gave rise to imme couse (a), stating the ylying couse lost. PART 11. OTHERS 20a. ACCIDENT WAS UN OR CONTRIBUTING CONTR	GNIFICANT CONDITIONS GNIFICANT CONDITIONS IDERLYING AUSE OF DEATH CAL EXAMINER) DUE TO (c) 20b. DES	CRIBE HOW INJURY OCCURRED Not while of work of that death		ort II of item 18.) ity ar tawn) 27., 1937,that	I last saw the deceased the date stated abave. DATE SIGNED ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DATE SIGNED NO DATE SIGNED
220. BURIAL, CREMATION, 2	25. DATE THEREOF /30/1959	22c. NAME OF CEMETERY CO Deer Park (ATION (City, town, or county Park, Md.) (State)
23. FUNERAL DIRECTOR'S SIG	hou	ADDRESS Oakland,	Md • DATE AUG 4		S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremetion Rea. Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission a. COUNTY b. COUNTY Gerrett Garrett MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) XAccident R.D. Accident R.D. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE First Middle Month Day Year DECEASED OF DEATH 1959 DIANA DURST (Type or print) ET ATNE July S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED T DIVORCED T Femsle yrs. 10a. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) C Cumberland. Md. U.S.A. none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tula Bittinger Edison Durst 5 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Give Accident. R.d. Md. Mrs. none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) TRALtured for four from End 1 A + & **burial-transit** DUE TO with Canditions, if any, which gave rise to immediate cause DUE TO (a), slating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES NO M 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS pe PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. By JARM TRACKER ON OWN JARM 3 should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, i 20f. (City or town) 20c. TIME OF INJURY (County) (Slate) Not while factory, street, affice bldg., etc.) Ronal GRANKUNIE at work at work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find that death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER TO FUNERAL ASSISTANT MEDICAL EXAMINER 7-13 5 TEASTER LIR The ODEPUTY MEDICAL EXAMINER & NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (Slale) REMOVAL (Specify) July 25 50 Grantsville Grantsville, Garrett Co. Md Rimi ol 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) wman Grantsville, Md. DATE JUL 27'59 arthur & Kraus 5M 9/55

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5 TO DEPUTY MEDICAL EXAMINER certificate should be executed within 24 hours ofter death. If the delay is necessary, please exe			-
VS	A	158	AE/
		0.1	ee.

1. PLACE OF C	Garrett		MARYLAND	2. USUAL RESIDENCE OF STATE APT			Garre		nission)
Rural	OWN (It outside corporate limits - Accident		c. LENGTH OF STAY IN 1b	Rural	N (If outside corp Deer P	erk,	RURAL ond g	give nearest to	own)
	HOSPITAL OR INSTITUTION		The contract of the second sec	/ d. STREET ADDRE	ss S.E. De	er Park		ON	RESIDENI A FARA NO
NAME OF DECEASED (Type or pri		rence	Clifton	Ervin Lost	4. DATE OF DEATH	July			Year 1959
Male	White	WIDOWED		ov. 29, 1	1918	9. AGE (In years tost birthday) yrs.	Months Do	YEAR IF UND	Min.
Labor	or, cutting	ork done 10b. K	ind of Business or indus	Maryla	ind.	ountry)	U.S	· A ·	COUNT
13. FATHER'S N	Mebster E	Ervin		Bessie					
15. WAS DECE IYes, no, or unknow NO	ASED EVER IN U. S. ARMED	feetman to an	SOCIAL SECURITY NO. 17. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12		in :	Address Deer Pa	rk, M	d.	
	OF DEATH [Enter only one		for (o), (b), and (c).]					INTERVAL BETWO	EEN
PAR	I I. DEATH WAS CAUSED B		Fractured	Skull				Minu	
910 Condition	by DUE s, if ony, which to immediate cause g the underlying DUE	10 (b)	Fractured	Skull					
Condition gave rise (a), stotin couse los	s, if ony, which to immediate cause the underlying DUE	(b) TO (c) CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE T				Minu (o) 19. was PERFC YES [AUTOPS DRMED?
Condition gave rise (a), stotin couse los	s, if ony, which to immediate cause the underlying transformation of the underlying transformation	(b) (c) CONDITIONS CO		NOT RELATED TO THE TI	Part I or Part II	of item 18.)	hile	Minu (a) 19. WAS PERFO	AUTOPS DRMED?
Condition gave rise (a), stotin couse los PAR 200. EXTER PRIMARY CAUSE OF 20c. TIME (2)	s, if ony, which o immediate cause the underlying DUE TII. OTHER SIGNIFICANT OF ILL CAUSE WAS TO CONTRIBUTING DEATH. DE INJURY Month, Day,	to (b) to (c) CONDITIONS CO 20b. DESCRIBE a tre , Year 20d. II	HOW INJURY OCCURRED. (de down, and	NOT RELATED TO THE TI	Part I oc Part II FO II	of item 18.) Wi	hile (Count	Minu (o) 19. was perfor yes [] cuttite on	AUTOP: NO (
Condition gave rise (a), stotin couse los PAR 200. EXTER PRIMARY L CAUSE OF 200. TIME (2) 1. 1 cen	DUE s, if ony, which to immediate cause the underlying that I taok cha	to (b) to (c) CONDITIONS CO 20b. DESCRIBE a tre , Year 20d. II 1959 While of wor	HOW INJURY OCCURRED. (d down, and	Enter nature of injury in ther tree costs of invertible costs of incompany themselves the costs of incompany the c	form, 20f. (City, etc.) Ru	or town) cal Auc	hile (Count) (Count) ident	Minu (o) 19. was perfor yes [] cuttite on	AUTOP: ORMED? NO [
Condition gave rise (a), stotin couse los PAR 200. EXTER PRIMARY L CAUSE OF 200. TIME (2) 1. 1 cen	DUE s. if ony, which o immediate cause g the underlying TII. OTHER SIGNIFICANT CONTRIBUTING DEATH. OF INJURY Month, Day, DEATH. OF INJURY Month, Day, This that I taok cha souted fram: Nature	to (b) to (c) CONDITIONS CO 20b. DESCRIBE a tre , Year 20d. II 1959 While of wor	HOW INJURY OCCURRED. (d. OWn, and NJURY OCCURRED foc NJURY OCCURRED foc while foc emains described about	Enter nature of injury in ther tree CE OF INJURY (Home, ory, street, office bldg., Hamicalde [], Hamicalde [], Hamicalde [], Hamicalde []	form, 20f. (City, etc.) Ru	or town) cal Auc	hile (Count) (Count) ident	Minu (o) 19. was PERFO YES Cutti t. on Garr Minu	AUTOP: ORMED? NO [
Condition gave rise (a), stotin couse los (a	DUE s. if ony, which o immediate cause g the underlying III. OTHER SIGNIFICANT CONTRIBUTING DEATH. DEATH. FINJURY Month, Day, The contribution of the contribution	(b) TO (c) CONDITIONS CO 20b. DESCRIBE a tre year 20d. II 1959 While of wor rge of the r	HOW INJURY OCCURRED. (O OWN, and NJURY OCCURRED foc of work of twork of twork of twork of two of	Enter nature of injury in ther tree CE OF INJURY (Home, pay, street, office bldg., rarm) ave, held an Autocicide [], Hamicicide [], Hamicide [] M.D. CHIEF MEDICA D. ASSISTANT ME	form, 20f. (City, etc.) Run apsy , Incide , Ur	or town) ral Auc repection fi, determined c	(Countident Inquiry cause].	Minu (o) 19. was PERFO YES Cutti t. on (Garr M) Garr M, and	AUTOPORMED? NO I
Condition gave rise (a), stotin couse los PAR 200. EXTER PRIMARY L CAUSE OF 20. TIME (A) 21. I cet death re ACTUAL SIGNATURE EXAMINE (Ty	DUE s. if ony, which o immediate cause g the underlying TH. OTHER SIGNIFICANT CONTRIBUTING DEATH. DEATH. OF INJURY Month, Day, The p.m. 7-21- tity that I taok cha soulted fram: Nature The p.m. Taylor of the contribution o	(b) TO (c) (c) CONDITIONS CO 20b. DESCRIBE a tre 20d. II Year 20d. I	HOW INJURY OCCURRED. (O OWN, and NJURY OCCURRED foc of work of twork of twork of twork of two of	Enter nature of injury in ther tree CE OF INJURY (Home, psy, street, office bldg., Farm Ive, held an Autocicide , Hamicide , Hamicide , Hamicide , ASSISTANT ME Deputy Medicide CREMATORY CREMATORY Particular of Injury in the Injury of Injury Medicide , Hamicide , ASSISTANT ME DEPUTY MEDICIDE CREMATORY	form, 20f. (City etc.) Run apsy , Incide , Ur al Examiner Cal Examiner	or item 18.) What and str	(Count ident Inquiry cause .	Minu (a) 19. was perfer yes Cuttle on	AUTOPORMEDINO (STOOL) M

THE WORLD STREET The state of the s

VS A15 (4) 15M 10/57

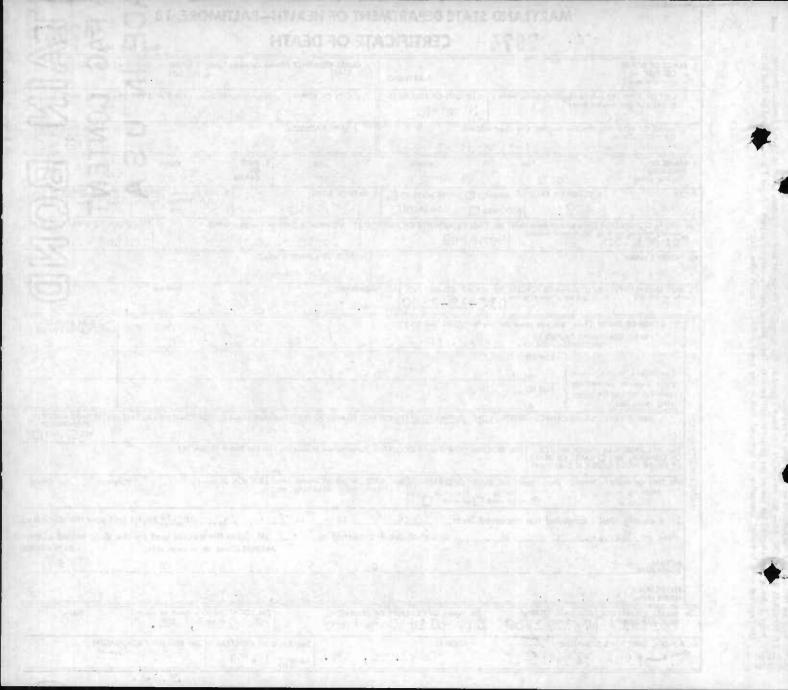
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7974 CERT

CERTIFICATE OF DEATH

07957

				keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Arrett	MARYLAND	2. USUAL RESIDENCE (Who. STATE	b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)	s, write c. LENGTH OF STAY IN 16 3 Weeks		outside corporate limits, write R	Q
d. NAME OF HOSPITAL (If not in hospitol, gi OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) John		lost	4. DATE Mon OF DEATH July	10 1959
4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 58 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) Carpenter	one 10b. KIND OF BUSINESS OR INDE General		or foreign country) Manyland	12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
John Foley		Annie Mec	kiii	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes. no. or unknown) (If yes, give wor or dotes of see	rvicel n = = = = = = = = =	informant ins. John Fole	y, Rt. "2, Cal	dend, were nd
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO	1	Tarlure	//	1 4 Mos
PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Yea Hour o. m. p. m.	r 20d. INJURY OCCURRED 20e. P While Not while of work of work	LACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the olive on July 10		h occurred at 11:00		7, that I lost sow the deceosed above page (1) page 1, that I lost sow the deceosed above page (1) page 1, that I lost sow the deceosed above page (1) page 1, that I lost sow the deceosed above page (1) page 1, that I lost sow the deceosed above page (1) page 1, that I lost sow the deceosed above page (1) page 1, that I lost sow the deceosed above page (1) page 1, that I lost sow the deceosed above page 1, th
PHYSICIAN'S NAME (Type) 220- BURIAL, CREMATION, 22b. DATE THEREO		Qalcland OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
RONGYAL SPETIY 7/13/19	59 Catholic Ce	emetery 240. REC	Oakland, Mo	d. o STRAR'S SIGNATURE Lung & Maria
N.C. Leighto	u Vaklar	d, Md. DATEIN	1 4 '59	1001 2. 1 Valent



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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7975

	1	Ì	7	9	5	8
Dist.	No.			0	-	

8.010	Keg. Die	1, 110.
1. PLACE OF DEATH o. COUNTY Garrett MARYLAND	o. STATE Maryland. b. COUNTY Garr	
b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Oakland, C. LENGTH OF STAY IN 1b 1 2 Hrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and a Rural K1tzmiller	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Garrett County Memorial Hospital	/ d. STREET ADDRESS 4 Mi. N. Kitzmiller	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF First Middle (Type or print) William Stanley	Harvey A. DATE Month OF DEATH July 14,	Day Year 19 59
	June 8, 1909 50 yrs. Months D	YEAR IF UNDER 24 HRS. Pays Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired) Laborer & School Bus Driver		en of what country? \bullet \mathbb{A} \bullet
William W. Harvey	Birdie Blanche Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 17.	NFORMANT Address Arvella Harvey R.D. Kitz	miller, Md
PART I. DEATH Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o) DUE TO Conditions. if ony, which gove rise to immediate cause (o), stating the underlying Couse lost. DUE TO Couse lost.	g aneurysm of aorta	INTERVAL BETWEEN ONSET AND DEATH Sudden
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D 20b. DESCRIBE HOW INJURY OCCURRED. (En	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(d) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	ity) (State)
21. I certify that I taok charge of the remains described above death resulted fram: Natural causes , Accident , Suice ACTUAL SIGNATURE (Comp. // Described above SIGNATURE (C	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER TOPPUTY MEDICAL EXAMINER 7-15-	DATE SIGNED
220. BURIAL CREMATION, 22b. DATE THEREOF EMOVAL (Specify) 7/17/1959 Z2c. NAME OF CEMETERY OR I.O.O.F. Cen	metery Elk Garden, W. V	
23. FUNGERAL DIRECTOR'S SIGNATURE ADDRESS Oakland,	, Md. DATE UL 21 '59 Carting & H	

HIABOTO STADRITTED STAMBART OF DEATH s boys - A PARK NICENSE NO CONSESSED AND CONSESSED DISCONSISSION OF SURVEYOR The company of the standard of . De . Government . W. D. Savietin all Severe . in Riche of L-082 White to his or the Million Loren, A Toll die in the parties of the state of

BT 3900 MT. IN S. - NO. INC. AND THEN THE WIND STATE OF A LIFE AND A A LIFE AND

4 hours after death. Page 4

N: The law requires that the death certificate be executed wil mostriate on American and Company of the hospital are entitied by the attending physician and company to the the service of the service of the property of the service of the property of the service of the principle of the service of the ser TO HOSPITAL OR ATTENDING PHY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7976

CERTIFICATE OF DEATH

07959

1. PLACE OF DEATH o. COUNTY Garrett		MAR	YLAND	2. USUAL RESIDENCE Marylan	E (Where decease	d lived. If institution b. COUNTY	on: Residence befo	re admission)
b. CITY OR TOWN (If outside corporate RURAL and give neorest lown) Oakland,	limits, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	N (If outside corpo	orate limits, write R	URAL and give nec	arest town)
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION Cuppett Nursing	ol, give stree B Home	oddress)		d. STREET ADDR				e. IS RESIDENCE ON A FARM? YES NO
1.11	First Mag	Middl H •		Hawkins	4. DATE OF DEATH	July		
Male White	WIDOV	RRIED NEVER MARR	ED.		1878	lost buthday) yrs.	Months Days	Hours Min.
10o. USUAL OCCUPATION (Give kind of w during most of working life, even if ret Retired Farmer	ork done 10t ired)	Own Farm	OR INDU	West V	(State or foreign of inginie	ountry)	U.S.A.	F WHAT COUNTRY
13. FATHER'S NAME Marion Hawkins	3			14. MOTHER'S MAI				
15. WAS DECEASED EVER IN U. S. ARMED [Yes no. or unknown) [III yes, give wor or date	FORCES? 16 s of service)	S. SOCIAL SECURITY N		INFORMANT ldie Pigg	ot E	Addi Enterpri		Va.
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.	8Y: SE (o) E TO (b) E TO	Phronic	7	yngha	tic f	eußer	nea J	SET AND DEATH
PART II. OTHER SIGNIFICANT (20g. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOADSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN							EN IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY						
20c. TIME OF INJURY Month, Day, Hour o. m. p. m.	While	INJURY OCCURRED Nat while ork of work	20e. PL	ACE OF INJURY (Home actory, street, office bld	e, form, 20f. (City g., etc.)	y or town)	(County)	(State)
21. I certify that I attended alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Herbert I	I. Le:	eighton, M	death	M.D. 770M	ADDRESS IS	the causes of treet, city or town, and a treet.	and on the do	the deceased the stated above DATE SIGNED
BENDY ALEPTORY 17/6/19	59	Pak Grov ADDRESS			. REC'D BY REGIS		TY, Md. STRAR'S SIGNATUR Hury S. Krand	

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TO DEPUTY MEDICAL EXAMINER: certificote should be executed within 24 hours offer deoth. If it delay is necessary, please execute the certificate, writing the way, pending in pencil in Item 18. Give Pages 1, 2, and 3 to the please director. Page 4 should be	forworded. The Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for your files. TO FUNERAL PIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar page. It is busined cremation, as removal.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7977 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist.	No.	11	7	9	R	n

		PLACE OF DEATH					2. USUAL RES			t lived. If institu				ion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and								Gari	2 0 0 0				
		and give nearest town)		KAL										nj
RFD Ionaconing, Md. 19 yrs. ARFD Lonaconing, Md.											. IC DE	IDEA CE		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN ON A FARI YES ☑ NO									FARM?				
	3. NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) MARCARET STARBERT HETZ DEATH JULY									Day	Ye 19	-1 -		
	5. S		6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	1 8	DATE OF BIRTH	н	9	. AGE (In years	IFUNDER 1	YEAR II		R 24 HRS.
		Female		IDOWED			av 23.	187	0	lost birthdoy) 89 yrs.	Months E	Days I	Hours	Min.
	10a	USUAL OCCUPATION	N (Give kind of work don	e 10b. KII	ND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	LACE (State	or foreign cou	intry)	12. CITIZ	EN OF	WHAT C	OUNTRY?
	٥	during most of working Housewif		OW	n home		Garre	ett C	o., M	d.	TJ	.S.	1	
Ŋ	13.	FATHER'S NAME					14. MOTHER'S							***************************************
	1	Nelsor	n Wilhelm					177	en Mcl	Kenzie				
	13.	WAS DECEASED EVE	R IN U. S. ARMED FORCE	57 16. 5	OCIAL SECURITY NO.	17. IN	FORMANT			Address	740			
	-	(inc. or onknown)	in yes, give wor or goies or serve	08)		Th	omas F	Hetz.	RFD.	Lonaco	oning	. Mo	d.	
		18. CAUSE OF DEATI	H [Enter only one cause p	per line fo	or (a), (b), and (c).]							INTERVA	AL BETWEE	N
		PART I. DEATH	WAS CAUSED 8Y:	77	TYDEARE	. 26	I	249	p. c+,)				dita
		4-20.1 DUE TO												
		Conditions, if any, which) (b) It where osciences to the series												
		gove rise to immediate cause (DUE TO DUE TO												
		couse lost.	(c)											
)	CERTIFICATION	PART II. OTHE	ER SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART		WAS A PERFOR	UTOPSY MED?
	IFIC.	20a. EXTERNAL CAUS	SE WAS 20b. D	DESCRIBE	HOW INJURY OCCUR	RED. (E	nler nature of in	niury in Part	I or Part II of	item 18.1		110	<u>"П</u>	140
		20g. EXTERNAL CAUS PRIMARY or CON' CAUSE OF DEATH.	TRIBUTING											
	MEDICAL	20c. TIME OF INJURY	Month, Day, Year			Oe. PLAC	E OF INJURY (Home, form,	20f. (City o	r town)	(Cour	nty)		(Stote)
	MED	Hour a.m. p. m.	19	While of world	Not while	10010	ny, sireer, ornice	o olug., olc.,						
		21. I certify the	at I took charge of	the re	emains described	d abo	ve, held an	Autopsy	, Ins	pection [7]	Inquiry	/ II.	and fi	ind that
		death resulted	from: Natural car	uses 💟	Accident .	, Suid	ide 🔲 , 🕨	Homicide	, Unc	determined	ause 🔲			
			7	7										
		SIGNATURE ALLE	H. J.	e. C.	Js. L	··· · · ·	_M.D. CHIEF A	MEDICAL EX	AMINER -				DATE SI	GNED
1		EXAMINER'S					ASSISTA	ANT MEDICA	L EXAMINER			7-	-/-	5-9
		NAME (Type)	TAMES 14	1210	when un	-6-	DEPUTY	MEDICAL E	XAMINER [/
	220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF	2	2c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCATIO	ON (City, town,	or county)	19	(State)	
		Rurial	7/1/59		St Ann	1g			Alvil	ton, Gar	crett	Co	D.C.	1
	23.	FUNERAL DIRECTOR'S	SIGNATURE	- /	ADDRESS			24a. REC'D	BY REGISTRA		STRAR'S SIG			
		You 71	Lewman	2	Frentsvil	le,	Md.	DATE	11 7 '5	9 0	They &	Y	4	
		2/												

VS. A15ME(5) 5M 9/55

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VS A15 (4) 15M 10/57

M	1. PLACE OF DEATH o. COUNTY	

7979

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
979	CERTIFICATE	OF DEATH	

Reg. Di	st. No.	07	19	62

1. PLACE OF DEATH o. COUNTY	GARI	RETT	MARYLAND	II O STATE	MARY	ere deceased	lived. If instituti b. COUNTY	on: Residence	before o	Imissian)
b. CITY OR TOWN (RURAL and give n	If outside carporate limi earest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If or	utside corpore	ate limits, write R	URAL and gi	ve neorest	town)
OAK			14 days	X		ENDSY	/TLLE	E		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)	d. STREET A	ADDRESS				e. IS	RESIDENCE N A FARM?
GARRETT (COUNTY ME	WORT	AL HOSPITAL	,						S NO 🖾
3. NAME OF DECEASED	Fir	st	Middle	lo	st	4. DATE OF	Mon	th	Day	Year
(Type or print)	AL	ICE	ESTELLA	HUNTER	SON	DEATH	JULY		27.	19 50
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRT	Н	9	P. AGE (In years last birthday)			NDER 24 HRS.
F	TI	WIDOWI	DIVORCED	0/17	17000	}	70 yrs.	Months E	Days Ho	ors Min.
100. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHP	LACE (State	ar fareign co	untry)	12. CITI2	EN OF W	HAT COUNTRY
HOUSTA	rking life, even if retired		vn Home		MARYT	ANTTO			TT O	0
13. FATHER'S NAME	ATL L.	101	VII LIOINO	14, MOTHER'S	1	1631			1	Α.

NAS DECEASED EVI	FRANK UI		social escuentiva de la	MISORIANIE		FIT	MA LETC	Fide		
[Yes, no. or unknown)	ER IN U. S. ARMED FOR Iff yes, give war or dates of s	ervice)	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		
no				EVELAM	FRIFN	D	THE TEN	DSVII	TE	TOTAL
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (a), (b), and (c).]	Hands	till	?				L BETWEEN
Canditions, if gave rise to		an	Terosepta	& Mys	card	lial	Infar	T		
cause (a), stating lying cause last.	the under- DUE TO	, Con	many G	erten	ord	Laro	er.			
CATIC		DITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PE	REPORMED?
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture o	of injury in P	art I or Part	Il of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Yes	While of war	_ Not while_	PLACE OF INJURY I factory, street, affic	lHome, form, e bldg., etc.	20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify the alive an	hat I attended the	deceas	ed from 7-1		10:10	_M, fram	the causes of the city or town,	and an the		
ACTUAL SIGNATURE PHYSICIAN'S	edu tu	rer	a	M.D. 7 226	esse	si	ele)	14	- 7/	28/59
NAME (Type)	PEDRO RIV	/EHA	, M.D.		FRIFN	DSVII	TE II	ATYLA	ND	
220. BURIAL, CREMATIC	1 1 1)59	22c. NAME OF CEMETERY Humberson		y ne		ON (City, town,			(State)
23. FUNERAL DIRECTOR	is signature		ADDRESS Oakland	, Md.		BY REGISTR		STRAR'S SIGN		

R.F. 3.50 THEFT ARE HELD TO THE MET HE WAS CONTROLLED BY SHALE OF STATISTICS OF STATE AND THE THEORY OF THE THE PROPERTY OF THE PROP 145

VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7980 **CERTIFICATE OF DEATH**

Reg. Dist. No.

11	17	9	6	3
		40	-	~

1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTRET Maryland Countrett							
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
P.O. Bayard, W. Va.	22 yrs.	XPost Office, Bayard, W. Va.							
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS e. IS RESIDENCE							
	Bayard, W. Va	ON A FARM? YES NO							
3. NAME OF First	Middle	Lost 4. DATE Month Day Year							
(Type or print) Marv	Elizabeth	OF							
5. SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS.							
Female White widow		Sept. 11. 1886 72 yrs. Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU								
during most of working life, even it retired)	vn Home	Pennsylvania U.S.A.							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
George Maust		Minnie Jamison							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT Address							
(Yes, no, or unknown) (If yes, give war ar dates of service)	Hi	lary E. Kelley Bayard, W. Va.							
САТІС	y cardial Terros de	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Part I or Part II of item 18.)							
Hour o. m. While		LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) actory, street, office bldg., etc.)							
21. I certify that I attended the deceased from 7 fam., 1857, to 30 fame, 1957, that I last saw the deceased alive on 30 fame, 1959, and that death occurred at									
PHYSICIAN'S Andrew E. Man		Oakland, Md.							
220. BURIAL, CREMATION, 22b. DATE THEREOF	Pairview Ce	or CREMATORY netery 2d. LOCATION (City, town, or county) near - Gorman, Md. (Stote)							
23 EUNEPAP DIRECTOR'S SIGNATURE	ADDRESS Oaklan	d, Md. DATEUL 9 159 Chilms & Kinns							

5 4 # THE RESERVE

VS A15 (4) 15M 10/57

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7981

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7981 CERTIFICATE OF DEATH

07964

Reg. Dist. No.

1. PLACE OF DEA	Garrett		MARY	LAND	2. USUAL RESID o. STATE	Mary	7	lived. If institut b. COUNTY		ega.		sion)
b. CITY OR TO RURAL and	OWN (If outside carporate limi give nearest town)	its, write	c. LENGTH OF STAY	IN 1b				ote limits, write f	URAL and	give ned	rest tow	n)
	ilana -		9 mos.		Lon	ig st	retch		0/	X -	2	
OR INSTITU	HOSPITAL (If not in hospital, g ITION RNS Nursing				d. STREET A	DDRESS					ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Lavenia	-	Middle Agnes	Ĭ.	reio		4. DATE OF DEATH	July	oth	Do 2	у	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE		DATE OF BIRTH	1		P. AGE (In years	IF UNDER	1 YEAR	IF UND	ER 24 HRS.
female		WIDOW			Nov. 1	2. 1	877	lost birthdoy)	Months	Doys	Hours	Min.
10a. USUAL OCC	UPATION (Give kind of work	dane 10b.	10.0						1	TIZEN O	F WHA	COUNTRY
nouse	of warking life, even if retired)	own nome				ma.			USA		
13. FATHER'S NA					14. MOTHER'S	MAIDEN N	AME					
James	hill					U	nknown	1				
15. WAS DECEAS	EDEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. INF	ORMANT			Add	ress			
gave rise cause (a), si lying cause	10		weterten	- v	fle	us!	mil	- gener	ely	O z	70	
CATIC	II. OTHER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PAR	11(0)	PERFO	AUTOPSY DRMED?
200. ACCIDE OR CONTRIB (IF EITHER, N	NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH IOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter noture of	Finjury in P	art I ar Port	11 of item 18.)				
Hour	INJURY Month, Day, Ye a. m. p. m. 19	ar 20d. I While of wor	Not while	20e. PLAC focto	E OF INJURY (H ry, street, office	tame, farm, bldg., etc.)	20f. (City	or tawn)	(County)		(Stote)
alive an ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)) Athph	12 Jul	S.F., and that sudille ANDRE	M.	ccurred at	K	ADDRESS (SIE	the causes of cet, city or lown, Miller	and on t			deceased ed above ATE SIGNED
PULL TALL	pecify) N /0 /7		Frostbur		morial			on (City, town, stburg		nā.	(Sto	te)
	Funeral Hon	ie 23	East Mai	n		24a. REC'D	BY REGISTR		STRAR'S SI			

ST HIGH TEAS HYDASH TO THEM TRANSC STATE CHATTERS IN

VS.A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7982 CERTIFICATE OF DEATH

Reg. Dist. No 7965

1. PLACE OF DEATH				2. USUAL RESIDENCE	(M/hara dasassad	lived If institution	on. Paridance	before admis	reign)
a. COUNTY	CARRETT		MARYLAND	o. STATE WEST					sidiff
b. CITY OR TOWN RURAL and give	(If autside carporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carpord LESBURG	ate limits, write R	URAL and giv	e nearest tow	n)
d. NAME OF HOSPI OR INSTITUTION EVANS	TAL (If not in hospital, g		oddress)	d. STREET ADDRESS MAIN	STREET			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ALI		Middle A.	MAY	4. DATE OF DEATH	JULY	th	7th	Yeor 19 59
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH MARCH 23, 1		P. AGE (In years last bightay) yrs.		YEAR IF UND	7
	ON (Give kind of work thing life, experied	1	& O R R Co	ISTRY 11. BIRTHPLACE (SI		ontry) ST VIRGI		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDE					
LEWIS M	T15.				ROGERS				
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)		informant s. Mrs. Mari	ha Dida	Add			J. FIN
no	ATH [Enter anly ane co			S. LIES. LINE	rea Disa	3011, 110W	TCOOUT,	INTERVAL B	
PART I. DE		P	reumonia	intaction Digit	i with	Lob.		5 de	ind
lying couse last.	the under-	Ar	ton is sclere	tio Haut	D. score	. 4		500	242
PART II. OT	HER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature af injury	in Part I ar Port	II af item 1B.)			
ZOc. TIME OF INJU Haur a. m. p. m.		ar 20d. II While of wor	Not while fo	ACE OF INJURY (Home, fictory, street, affice bldg.,	form, 20f. (City etc.)	ar tawn)	(Ca	unty)	(State)
	hat I attended the			1959, to accurred at 9136				date state	
PHYSICIAN'S NAME (Type)	ALFRED OWN	E, M.	D.	AURORA	WEST V	IRGINIA.			
220. BURIAL, CREMATION REMOVAL (Specify	on, 226. DATE THERECO		22c. NAME OF CEMETERY CAURORA CEMET		22d. LOCATI	ON (City, town,	ar caunty) T VIRG	(Sto	ite)
23. FUNERAL DIRECTOR	(Deon)	A 7:	TERRA ALTA W	. VA. 24g. R	JUL 1 0 '59	AR 24b. REGI	STRAR'S SIGN		

ERECLIE OF DEATH TOTAL BELLEVIE CAS 40 - 14 P. Stein, Park Marches (Lington, Steinballander, Table)

VS A15 (4) 1SM 10/57

		75	183	CERTII	FICA	ATE OF DE		AETIM!	OKE, I	Reg. Dis	it. No.	79	66
	a. COUNTY	Garrett		MARYI	LAND	2. USUAL RESIDENCE O. STATE Mar	E (Where dece		COLDITA	n: Residenc		odmissi	ion)
	RURAL and give	(If outside corporate liminearest town) Accident	ls, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TOW	N (If outside co		nits, write RU	IRAL and g	ive near	est tawn)
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	address)		d. STREET ADDR	E S S				e		IDENCE FARM?
	3. NAME OF DECEASED (Type or print)	Fir SOLOMO		Middle	OR.	Lost	4. DAT OF DEA		Mont	h	Doy		reor 1959
	5. sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIE		June 16,	1877	9. AGI	E (In years birthday) yrs.	IF UNDER Months		F UNDE Hours	R 24 HRS. Min.
	Occupation of working most of the control of	ION (Give kind of work or rking life, even if retired retired		kind of Business of	RINDUS	Bittir		n country)			ZEN OF		COUNTRY?
	3. FATHER'S NAME Chri	stian Ore	ndor	f		14. MOTHER'S MA	DEN NAME	estet	tler				
	IS. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of se		SOCIAL SECURITY NO.	17. II	rh Orendo	rf, R.	R.D.	Addre Acc	iden	t, :	Md.	
	PART I. DE 420./ Conditions, if gove rise to couse (o), stating lying couse lost	the under-	, (Comp	76 14	Enubris Du	-è				2	Yes Yes	TWEEN DEATH
	O. A. T.	THER SIGNIFICANT CON		CRIBE HOW INJURY OF				9 5		N IN PART		PERFO	NO C
- 1	OK CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yea	20d. It While of worl	Not while	20e. PL/ foc	ACE OF INJURY (Homotory, street, affice bld	e, form, 20f. (i	City or taw	rn)	(C	ounty)		(Stote)
/	21. I certify to alive on	hat I attended the	200 lov		death		DOM.	am the	causes are ty or town, s	nd an th		state	
	220. BURIAL, CREMATI REMOVAL (Specify Burial		F	22c. NAME OF CEME	TERY O		22d. 10	CATION (C	ily, tawn, a	county)	t C	(State	Md.
1	23. FUNERAL DIRECTO	r's signature Lewman	1	ADDRESS Grantsvil	lle.	Md/ DA	REC'D BY REC	SISTRAR 59	24b. REGIS	TRAR'S SIG	70	A	

CERTIFICATION OF THE PROPERTY	THE BALTIMORE, I	ABN TO TREE	HEATER STATE		
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			(disa)		
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7984

CERTIFICATE OF DEATH

Reg. Dist. No.

07967

1	o. COUNTY	ARRETT		MAR	YLAND	o. STATE	Mary]		lived. If institution b. COUNTY		nce befo		ion)
	RURAL and give n	If outside corporate limi earest town) AKLAND	s, write	c. LENGTH OF STAY	r IN 1b	c. CITY OR TO	OWN (If out		te limits, write R	URAL ond	give ne	arest low	1)
	OP INSTITUTION	IAL (If not in hospitol, g UNTY MEMOR)				/ d. STREET AL	DDRESS	oute #	¥ 1	ŊĒ.			FARM?
3.	NAME OF DECEASED (Type or print)	BABY	st	BOY		SINES		4. DATE OF DEATH	JULI	ih T	28°°	'	Yeor 59
S.	MALE	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARR	7	JULY 28,		9	AGE (In years lost birthday) yrs.	Months Months	Days	Hours	Min. 53
L	during most of wor	ON (Give kind of work of king life, even if retired rn	lone 10b.	KIND OF BUSINESS	OR INDUST	MA	RYLANI)	ntry)		S.		COUNTRY?
L	. FATHER'S NAME	RICHARD ST							NE WHIT				
		R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY N		FORMANT ELEN SIN	ES. I	ROUTE	#1 OAI	KLAND	, MI).	
		mmediate (ne farjo), (b), and (c ! newa Premati	tur	to - Sepa	6 -	n pi	lacenta natem	- al)		ERVAL BE	
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON							Mage	EN IN PAI	RT 1(o)	PERFC	AUTOPSY DRMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY									
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While of wor	NJURY OCCURRED Not while t of work	20e. PLA foct	CE OF INJURY (Fory, street, office	lome, farm, bldg., etc.)	20f. (City o	or town)		(County)		(State)
	21. I certify the alive on	and I attended the	deceas _, 19_/	~	t death	19.7 accurred at 2			the causes of cet, city or town,	nd on t		te state	deceased ed abave ATE SIGNED
	NAME (Type)		MANCI				KLAND						
22	O. BURIAL, CREMATIC REMOVAL (Specify)		59	SINCS	AETERY OR	mete	RY ?	Swa	llow to	ar county)		Mod	9)
23	PINERAL DIRECTOR	h FUNCA	eal	Home (Jak/	ind, Mo	DATEAUG	BY REGISTRA		trar's si			
	20702	02XVI											

- SE THOUGHT AND A THE AND THE PARTY OF THE TYPE AND The fall of the state of the st

e. IS RESIDENCE

ON A FARM?

YES NO T

PERFORMED? YES NO

(Stote)

(Stote)

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1959

VS A15 (4) 15M 10/57

THE RESIDENCE OF THE PROPERTY		A THEM INTERNITY					
	OF STATES	HTA	0.30(37)	DERVIEW	685		
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The survey of the second secon							

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TO DEPUTY MEDICAL EXAMINER

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7986MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07969

Reg. Dist. No.

a. COUNTY Garrett MARYLAND	o. STATE aryland. b. COUNTY arrett
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest team) Route 135 to Cumberland	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Mountain Lake Park
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) On route to Baltimore, Md.	. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO
3. NAME OF First Middle OECEASED (Type or print) Ronald Ernest	Tasker 4. DATE Month Doy Year OF DEATH July 2, 1959
	May 15, 1941 18 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Laborer General Work	TRY 11. BIRTHPLACE (State or fareign country) Maryland. U.S.A.
13. FATHER'S NAME Ernest G. Tasker	Nellie Lee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or doles of service) 216-38-1787 Mr	NFORMANT 'S. Nellie Tasker Mt. Lake Park, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which)	, BILATERAL, FULLONATING INTERVAL SETWEEN ONSET AND DEATH ON SET AND DEATH ON SET AND DEATH.
gave rise to immediate cause (a), stating the underlying cause last.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20g. EXTERNAL CAUSE WAS CAUSE OF DEATH.	Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While of work of work of work	CE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) (Ory, street, affice bldg., etc.)
21. I certify that I taak charge of the remains described obcideath resulted fram: Notural causes ✓, Accident ☐, Sui	
EXAMINER'S JAMES H. FEASTER, JR., M. D.	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 7-2-59
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BUT 181 7/5/1959 Deer Park Ce	(0.010)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oakland	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthon & Known

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